

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

0 / 5

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		1		1		
4		3		1		
5		3		1		
6		3		1		
7		(1)		1		
8		(1)		1		
9		(1)		1		
10		1		1		
11		(1)		1		
12		1		1		
13		2		1		
14		2		1		
15		2		1		
16		2		1		
17		(1)		1		
18		(1)		1		
19		(1)		1		
20		(1)		1		
21		(1)		1		
22		(1)		1		
23		(1)		1		
24		(1)		1		
25	1		1			
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49						
50						
TOTAL IND.	3	↓	3	↓		↓
TOTAL DEP.	34	←	24	←		←
TOTAL CLAIMS	37		27			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						